PTO/SB/17 (06-07)
Approved for use through 06/30/2007. OM8 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Pr	sperwork Reduction Act of	1995, no person are required t	o respond to a collecti	on of informat	ion unless it displays	a velid OME	control number	
	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/797,037-				
FEE TRANSMITTAL			Filing Date	_	March 11, 2004			
For FY 2007			First Named Inventor Yasuaki NOZ		WA			
			K. V. Handal					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1764 Attorney Docket No. 0171-1068P					
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. 0171-1068P					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the	above-identified depo	sit account, the Director	is hereby authoriz	ed to: (che	ck all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1, BASIC FILIN	IG, SEARCH, AND E							
1	FI	LING FEES SI Small Entity	EARCH FEES Small Entity	EXAMI	VATION FEES Small Entity			
Application T	ype Fee (\$			Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility	300	150 500	250	200	100			
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100	0	0	0			
2. EXCESS CLAIM FEES Small Entr								
Fee Description Each claim over 20 (including Reissues)						Fee (\$)	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims over 3 (including Reissues)						360	180	
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	M	ultiple Depende			
Total Ctalms Extra Claims Fee (\$) Fee Paid (\$) Multiple Depen						ee Pald (
HP = highest number of total cleims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
3 -3= x = =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings und	der 37 CFR 1.52(e)), t	he application size fee d	ue is \$250 (\$125:	for small e	ntity) for each ac	lditional 5	0	
		5 U.S.C. 41(a)(1)(G) an					n-14 (6)	
Total Shee	- 100 = Extra Sheet	/50 =	additional 50 or fra			ree	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY	//							
Signature	//////		Registration No. (Attorney/Agent)	32,868	Telephone	(703) 205-8000		
Name (Print/Type)	Name (Print/Type) Appliew D. Meikle				Date	July 5, 2007		
					•			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with \$ 1.6(a)(4).						
ayatan in accordance with g (.o(a)(4).						
Dated: July 5, 2007	Signature: Frederick R. Handlertosterick R. Handren)					